


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90080 010 \*\*\*150.00

<b>DOCUMENT # P98000062060</b>	
1. Entity Name <b>DAVID HUFF, P.A.</b>	

Principal Place of Business <b>6859 SATINLEAF RD. S. #203 NAPLES FL 34109</b>	Mailing Address <b>6859 SATINLEAF RD. S. #203 NAPLES FL 34109</b>
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2. Principal Place of Business <b>220 SHARWOOD DR</b> Suite, Apt. #, etc.	3. Mailing Address <b>220 SHARWOOD DR</b> Suite, Apt. #, etc.
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City & State <b>NAPLES FL</b>	City & State <b>NAPLES FL</b>
Zip <b>34110</b>	Zip <b>34110</b>
Country <b>USA</b>	Country <b>USA</b>



1st MOORE CR2E034 (10/04)

4. FEI Number <b>59-3524514</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>SEYLER-HUFF, RUTH 6859 SATINLEAF RD. S. #203 NAPLES FL 34109</b>		
7. Name and Address of New Registered Agent Name <b>SEYLER-HUFF, RUTH</b> Street Address (P.O. Box Number is Not Acceptable) <b>220 SHARWOOD DR</b> City <b>NAPLES</b> FL Zip Code <b>34110</b>		

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SEYLER-HUFF, RUTH 6859 SATINLEAF RD. S. #203 NAPLES FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	220 SHARWOOD DR NAPLES, FL 34110 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HUFF, DAVID 6859 SATINLEAF RD. S. #203 NAPLES FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	220 SHARWOOD DR NAPLES FL 34110 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b> <i>Ruth Seyler-Huff</i>	<b>3-1-05</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #